Small intestine cancer

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Small Intestine Adenocarcinoma
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Recurrent **Small Intestine Cancer**

GENERAL INFORMATION

Depending on the histology, **cancer** of the **small intestine** is treatable and sometimes curable. Adenocarcinoma, lymphoma, sarcoma, and carcinoid tumors account for the majority of **small intestine** malignancies which, as a whole, account for only 1% to 2% of all gastrointestinal malignancies.[1-4] As in other gastrointestinal malignancies, the predominant modality of treatment is surgery when resection is possible, and **cure** relates to the ability to completely resect the **cancer**. The overall 5-year survival rate for resectable adenocarcinoma is only 20%. The 5-year survival rate for resectable leiomyosarcoma, the most common primary sarcoma of the **small intestine**, is approximately 50%. Carcinoid tumors of the **small intestine** are covered elsewhere as a separate **cancer** entity (refer to the PDQ summary on Gastrointestinal Carcinoid Tumor Treatment for more information). Lymphoma of the **small intestine** is dealt with briefly here (refer to the PDQ summary on Non-Hodgkin's Lymphoma Treatment for more information).
References

CELLULAR CLASSIFICATION

Small intestine:[1] - adenocarcinoma (majority of cases) - lymphoma (uncommon) usually non-Hodgkin's type - sarcoma (most commonly leiomyosarcoma and more rarely, angiosarcoma or liposarcoma) - carcinoid (refer to the PDQ summary on Gastrointestinal Carcinoid Tumor Treatment for more information) - gastrointestinal stromal tumors (refer to the PDQ summary on Adult Soft Tissue Sarcoma Treatment for more information)
Malignant neoplasms of the **small intestine** are mainly (> or = 50%) adenocarcinomas and are more common in the duodenum and jejunum than in the ileum. **Small intestine** carcinomas may occur synchronously or metachronously at multiple sites.
Leiomyosarcomas occur most often in the ileum.
Some 20% of malignant lesions of the **small intestine** are carcinoid tumors, which occur more frequently in the ileum than in the duodenum or jejunum and may be multiple.
It is uncommon to find malignant lymphoma as a solitary **small intestine** lesion.
References

STAGE INFORMATION

The treatment sections of this summary are organized according to histopathologic type rather than stage.

The American Joint Committee on **Cancer** (AJCC) has designated staging by TNM classification.[1]
–TNM definitions–
Primary Tumor (T) TX: Primary tumor cannot be assessed T0: **No** evidence of primary tumor Tis: Carcinoma in situ T1: Tumor invades lamina propria or submucosa T2: Tumor invades muscularis propria T3: Tumor invades through the muscularis propria into the subserosa or into the nonperitonealized perimuscular tissue (mesentery or retroperitoneum) with extension 2 cm or less**
retroperitoneum) with extension 2 cm or less* T4: Tumor perforates the visceral peritoneum or directly invades other organs or structures (includes other loops of the **small intestine**, mesentery, or retroperitoneum more than 2 cm, and the abdominal wall by way of the serosa; for the duodenum only, includes invasion of the pancreas)
***Note**: The nonperitonealized perimuscular tissue is, for the jejunum and
***Note**: The nonperitonealized perimuscular tissue is, for the jejunum and ileum, part of the mesentery and, for the duodenum in areas where serosa is

lacking, part of the retroperitoneum.
Regional lymph nodes (N) NX: Regional lymph nodes cannot be assessed N0: No regional lymph node metastasis N1: Regional lymph node metastasis Distant metastasis (M) MX: Distant metastasis cannot be assessed M0: No distant metastasis M1: Distant metastasis

AJCC stage groupings

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Stage 0

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Tis, N0, M0

Stage I

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T1, N0, M0 T2, N0, M0

Stage II

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T3, N0, M0 T4, N0, M0

Stage III

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Any T, N1, M0

Stage IV

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Any T, Any N, M1

References

TREATMENT OPTION OVERVIEW

The designations in PDQ that treatments are "standard" or "under clinical evaluation" are not to be used as a basis for reimbursement determinations.

SMALL INTESTINE ADENOCARCINOMA

Treatment options:
Standard: 1. For resectable primary disease: - radical surgical resection[1]
2. For unresectable primary disease: - surgical bypass of obstructing lesion -

palliative radiation therapy
Under clinical evaluation: 1. For unresectable primary disease: - clinical trials evaluating methods to improve local control, such as the use of radiation therapy with radiosensitizers with or without systemic chemotherapy
2. For unresectable metastatic disease: - clinical trials evaluating the value of new anticancer drugs and biologicals (phase I and II studies)
References

SMALL INTESTINE LYMPHOMA

Treatment options:
Standard: 1. For disease localized to the bowel wall (stage IE): - surgical resection alone may suffice if 12 or more lymph nodes are removed and prove negative, but the addition of combination chemotherapy should be considered

2. For extension of disease to the regional lymph nodes: - surgical resection at the time of diagnosis.Combination chemotherapy is then the treatment of choice
3. For unresectable and extensive disease: - combination chemotherapy is the treatment of choice radiation therapy is often used to reduce the risk of recurrence in the tumor bed

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SMALL INTESTINE LEIOMYOSARCOMA

Treatment options:
Standard: 1. For resectable primary disease: - radical surgical resection
2. For unresectable primary disease: - surgical bypass of obstructing lesion radiation therapy
3. For unresectable metastatic disease: - palliative surgery - palliative radiation therapy - palliative chemotherapy
Under clinical evaluation: For unresectable primary or metastatic disease: - clinical trials evaluating the value of new anticancer drugs and biologicals

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RECURRENT SMALL INTESTINE CANCER

Treatment options:
1. For metastatic adenocarcinoma or leiomyosarcoma: - there is **no** standard effective chemotherapy for recurrent metastatic adenocarcinoma or leiomyosarcoma of the **small intestine**.All such patients should be considered candidates for clinical trials evaluating the use of new anticancer drugs or biologicals in phase I and II trials
2. For lymphoma: - refer to the PDQ summary on Adult Non-Hodgkin's Lymphoma Treatment for more information
3. For locally recurrent disease: - surgery - palliative radiation therapy - palliative chemotherapy - clinical trials evaluating ways of improving local control, such as the use of radiation therapy with radiosensitizers with or without systemic chemotherapy

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